

MD

Misc.

1 of 3

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER KIM, CHARLES			Date of This Filing 1/30/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1303713		Report No. 1	in the office of the Secretary of State of the State of California	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. 000 (explain below)	JAN 30 2008	R
CITY LOS ANGELES	STATE CA	ZIP CODE 90006	No. of Pages 3	DEBRA BOWEN Secretary of State	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

2 of 3

## Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER KIM, CHARLES		Date of This Filing 1/30/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-8565	I.D. NUMBER (if applicable) 1303713	Report No. 1	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 30 2008 DEBRA BOWEN Secretary of State Page 2 of 3	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 000 (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90006	No. of Pages 3	

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/25/2008	Yes on Proposition S: A Coalition of Firefighters, Police Officers, Taxpayers, Workers, Business Leaders, and Mayor Villaraigosa.  1303063  Memo Reference: 1	Reduction of Tax Rate & Modernization of Communications Users Tax Number: S Jurisdiction: Los Angeles	\$50,000.00	2/5/2008

Reason for Amendment:

FPPC Form 497 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: 1

Contribution Made by U.S. Metro Group, Inc.

RAUFMAN DOMINING LLC

01/30/2008 16:50 FAX 121345263/3

GP

Misc.

# Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Imperial County Republican Committee			Date of This Filing 01/30/2008	Date Stamp <b>RECEIVED AND FILED</b> In the office of the Secretary of State of the State of California JAN 30 2008 <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA FORM <b>497</b> For Official Use Only R
AREA CODE/PHONE NUMBER (760) 352-250	I.D. NUMBER (if applicable) 741752		Report No. 20080130-7055475		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY El Centro	STATE CA	ZIP CODE 92243-4200	No. of Pages 1		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008 	Save Our County:No On The Recall Of Supervisors  El Centro CA 92243-3727 ID: 1301387	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		11353.58
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

MD

Misc.

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER <b>SEMPRA ENERGY</b>			Date of This Filing 01/30/2008	Date Stamp JAN 30 2008	<b>CALIFORNIA FORM 497</b> RECEIVED AND FILED in the Office of the Secretary of State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 619-696-4616	I.D. NUMBER (if applicable) 488235		Report No. 1	State For Official Use Only	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY SAN DIEGO	STATE CA	ZIP CODE 92101	No. of Pages 1		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008	CALIFORNIA DEMOCRATIC PARTY SACRAMENTO, CA 95814 ID 1296108	California Proposition 93 (Term Limits and Legislative Reform Act) STATE	\$25,000	02/05/08
				02/05/08

Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (Jan/03)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772



## Late Contribution Report

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Filed Electronically

LATE CONTRIBUTION REPORT

NAME OF FILER Committee to Protect California's Future		Date of This Filing 01/30/2008	RECEIVED AND FILE Office of the Secretary of State of the State of California JAN 30 2008	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-2952	I.D. NUMBER (if applicable) 1277456	Report No. 9	DEBRA BOWEN Secretary of State	R
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814-		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008	Democratic State Central Committee of California (#741666)  Sacramento, CA 95814- Proposition 93/Limits on Legislators' Terms in Office/Statewide/Support		300,000.00	

Reason for Amendment: \_\_\_\_\_

SM

**Slate Mailer  
Late Payment Report**

MISC.

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED in the office of the Secretary of the State of California	Date Stamp JAN 30 2008	SLATE MAILER LATE PAYMENT REPORT CALIFORNIA FORM 498
	For Official Use Only	
DEBRA BOWEN Secretary of State		

**NAME OF SLATE MAILER ORGANIZATION**

Your Ballot Guide

**STREET ADDRESS**

**CITY**

**STATE ZIP CODE**

**AREA CODE/PHONE NUMBER**

**OPTIONAL: FAX/E-MAIL**

**I.D. NUMBER**

818-990-4002

588011

Sherman Oaks CA, 91403

**Late Payment(s) Received From:**

**NAME**

**I.D. NUMBER (if applicable)**

Yes On Prop S

**ADDRESS**

**CITY**

**STATE ZIP CODE**

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)  
CA 90017

**DATE RECEIVED:**

01/29/2008

**AMOUNT**

\$ 11,400.00

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☒ SUPPORT  
☐ OPPOSE

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**  
\$ 11,400.00

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ SUPPORT  
☐ OPPOSE

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**  
\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ SUPPORT  
☐ OPPOSE

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**  
\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ SUPPORT  
☐ OPPOSE

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**  
\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ SUPPORT  
☐ OPPOSE

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**  
\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ SUPPORT  
☐ OPPOSE

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**  
\$

CP

MISC.

CA. 1309976

ELECTRONICALLY FILED

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Golden Gate Chapter Associated Builders & Contractors PAC		Date of This Filing <u>01/30/2008</u>	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 30 2008 DEBRA BOWEN Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only  R
AREA CODE/PHONE NUMBER 916-442-2280	ID NUMBER (if applicable) 901313	Report No. <u>1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pleasanton, CA	STATE CA	ZIP CODE 94588		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008	Classrooms for Children-Yes on Measure Q (#1280584)  Stockton, CA 93729	Classroom and Facility Improvements, Q  Stockton Unified School District	2,500.00	02/05/2008

Reason for Amendment: \_\_\_\_\_



M.D.

MISC

1 of 2

## Late Contribution Report

Type or print in ink.  
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LATE CONTRIBUTION REPORT

NAME OF FILER Haim Saban			Date of This Filing <u>01/30/2008</u> in the office of the Secretary of State of the State of California	Date Stamp <b>RECEIVED AND FILED</b> JAN 30 2008 <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 557-5138	I.D. NUMBER (if applicable) 494142		Report No. <u>LCM-80129</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90067	No. of Pages <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink.  
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2 of 2

LATE CONTRIBUTION REPORT

NAME OF FILER Haim Saban		Date of This Filing	<b>RECEIVED AND FILED</b> in the Office of the Secretary of State of the State of California <b>JAN 30 2008</b> <b>DEBRA BOWEN</b> Secretary of State 2/2	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 494142	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/29/2008	California Democ. Party		10000.00	
	Sacramento CA 95814 ID: 741666 Ref.	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

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Misc.

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Charles Calderon for Assembly 2008		Date of This Filing 01/30/2008	<b>RECEIVED AND FILED</b> Office of the Secretary of State of the State of California JAN 30 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only  R
AREA CODE/PHONE NUMBER 626-915-7635	I.D. NUMBER (if applicable) 1292792	Report No. 12		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Covina, CA	STATE CA	ZIP CODE 91722		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/20/2008	Yes on Prop 5 (#1303063)  Los Angeles, CA 90017	Reduction of Tax Rate & Modern of Comm. Users Tax	10,000 00	02/05/2008

Reason for Amendment: \_\_\_\_\_

6 P

# Late Contribution Report

Misc

Type or print in ink.  
Amounts may be rounded to whole dollars.

1 of 2

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Santa Clara County Republican Party			<b>Date of This Filing</b> 01/30/2008 <b>Report No.</b> 20080130-7055475 <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small> <b>No. of Pages</b> 2	<b>Date Stamp</b> RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 30 2008 DEBRA BOWEN Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only R
<b>AREA CODE/PHONE NUMBER</b> (408) 246-6600	<b>I.D. NUMBER (if applicable)</b> 741925				
<b>STREET ADDRESS</b>  					
<b>CITY</b> San Jose	<b>STATE</b> CA	<b>ZIP CODE</b> 95128-1338			

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/29/2008 	California Republican Party  Burbank CA 91506-1727 ID: 810163	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

Date Stamp FPPC Form 497(June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

01/30/2008 WED 11:06 FAX 5309345776 The KAL Group

0001/002



# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

2 of 2  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

STATE CONTRIBUTION REPORT

NAME OF FILER Santa Clara County Republican Party		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 741925	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Date of This Filing \_\_\_\_\_

Report No. \_\_\_\_\_

☐ Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages \_\_\_\_\_

JAN 30 2008  
**DEBRA BOWEN**  
Secretary of State

**CALIFORNIA FORM 497**  
For Official Use Only

2 / 2

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/29/2008 	T.N. Ho- MEMBERSHIP COMMUNICATION  Cupertino ID: CA 95014-0115	T.N. Ho- MEMBERSHIP COMMUNICATION City Council Member  City Cupertino Ballot: Dist:	1020.94	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_